

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **40186**

FILED JAN 13 1944

Registration District No. **226**

Primary Registration District No. **5798**

Registrar's No. **68**

1. PLACE OF DEATH:

(a) County. **MONROE**
(b) City or town. **RURAL - CLAY TWP.**
(c) Name of hospital or institution:
2 1/2 MI. N.W. OF GRANVILLE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **53 YRS.** (Specify whether)
In this community **53 YRS.** years, months or days

3. (a) PRINT FULL NAME **MARY JANE LONG**

3. (b) If veteran, ☒ name war. 3. (c) Social Security No. ☒

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married. **WIDOWED**
divorced

6. (b) Name of husband or wife. **JOHN LONG ROBT. LONG** 6. (c) Age of husband or wife if alive **1** years

7. Birth date of deceased **SEPT. 1, 1859**
(Month) (Day) (Year)

8. AGE: Years **84** Months **3** Days **27** If less than one day hr. min.

9. Birthplace **PETERSBURGH W. VA.**
(City, town, or county) (State or foreign country)

10. Usual occupation **AT HOME**

11. Industry or business

12. Name **ISSAC LAMBERT**
13. Birthplace **N.K.**
14. Maiden name **CAROLINE BALDWIN**
15. Birthplace **N.K.**

16. (a) Informant **R. D. ROY**
(b) Address **HOLIDAY, MO.**

17. (a) **BURIAL** (Burial, cremation, or removal) (b) Date thereof **DEC. 30 1943**
(Month) (Day) (Year)
(c) Place: burial or cremation **GRANVILLE MO**

18. (a) Signature of funeral director **Speed Blakey**
(b) Address **PARIS, MO.**

19. (a) **12-29-43** (Date received local registrar) (b) **Otto Hedberg** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **MONROE**
(c) City or town **RURAL**
(d) Street No. **2 1/2 MI. N.W. OF GRANVILLE**
(If outside city or town limits, write "RURAL")
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **DEC.** day **28**
year **1943** hour **6** minute **50 P.** M.

21. I hereby certify that I attended the deceased from **Dec. 22** 19**43** to **Dec. 28** 19**43**
that I last saw him alive on **Dec. 27** 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **acute nephritis** Duration **1 WK.**

Due to **flu**

Due to

Other conditions **336**
(Include pregnancy within 3 months of death)

Major findings: Of operations **336**
Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature **R. L. Caldwell** (M.D. or other) **D.O.**
Address **SHELONA, MO.** Date signed **12-29-43**

RECEIVED

District Health Officer No. 10

District File Number 1-44-212

Date Filed JAN 12 1944

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. 2614

P. O. Address WARRIS, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.